

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 24 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....Buchanan.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....St. Joseph.....(No. 416 So. 20th St.)

St. Ward)

2. FULL NAME

Benjamin Baxter Baldwin(a) Residence, No. 416 So. 20th St.

St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds.

How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hattie Baldwin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 15, 1860</u>		
7. AGE <u>74</u>	YEARS <u>4</u>	MONTHS <u>11</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laundry Driver</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired 10 yrs.</u>
	10. Date deceased last worked at this occupation (month and year).....
	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Forest City, Mo.</u>

13. NAME <u>Joel Baldwin</u>

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>
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15. MAIDEN NAME <u>Nancy Vinventhaler</u>
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16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>
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17. INFORMANT (ADDRESS) <u>Mrs. Hattie Baldwin</u> <u>416 So. 20th St.</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ashland Cemetery</u> DATE <u>July 30, 1934</u>
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19. UNDERTAKER (ADDRESS) <u>Walter Meinhof</u> <u>1302 Aaron St. St. Joseph, Mo.</u>

20. FILED <u>7-27</u> 19 <u>34</u> Registrar.
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2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from

July 21, 1934 to July 26, 1934I last saw him alive on July 26, 1934 Death is saidto have occurred on the date stated above, at 11.00 P.M.

The principal cause of death and related causes of importance were as follows:

Mitral regurgitation Date of onsetDon't know92A191191

Other contributory causes of importance:

2 Beat Prostration 3 day

Name of operation..... Date of.....

What test confirmed diagnosis?..... an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Charles H. Werner, M. D.(Address) Kirkpatrick Bldg, St. Joseph, Mo.

#2 St Joseph.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Benjamin Baxter Baldwin
Who died at _____ on July - 26 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: _____

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
Where did injury occur? _____
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____

Signature of Registrar John R. Bender, Date filed 7-27-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 85

Very truly yours,

Primary Reg. Dist. No. 1001

E. T. McGaugh, M.D.

Special Agent.

Figure 1

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